City of Fredericksburg
Daily Course Evaluation

Subject: _____ **Date:** _____

Instructor: _____

Location: _____

Rating: 1 is the worst and 5 is the best			N/A	1	2	3	4	5
The instructor's appearance								
The classroom set-up								
How was the seating?								
Was class attendance taken?	*YES*	*NO*						
Was a projector used?	*YES*	*NO*						
How well did the visuals follow the text?								
Were the visuals helpful with learning the material?								
Did the instructor use a guide/manual?	*YES*	*NO*						
Was the lecture helpful in learning the material?								
Was the lecture entertaining?								
Was the instructor motivated?								
Was the instructor prepared?								
Was the instructor's technique of delivering the material effective?								
Was a summary of the lesson provided?								
Were practical scenarios taught?	*YES*	*NO*						
Were the practical scenarios effective?	*YES*	*NO*						
What time was class dismissed?								

Further Comments:

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